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CONFIRMATION NO. 4909

Bib Data Sheet

SERIAL NUMBER 09/740,443	FILING DATE 12/19/2000 RULE	CLASS 709	GROUP ART UNIT 2126	ATTORNEY DOCKET NO. 00-442
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APPLICANTS

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** CONTINUING DATA ***** *M* *Jc*** FOREIGN APPLICATIONS ***** *M* *Jc*

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED

** 02/28/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 7
Verified and Acknowledged <i>HL</i>	Examiner's Signature <i>HL</i>	Initials <i>HL</i>					

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TITLE

System and method for performing service operations

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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